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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	TYLERTON-228698
First Named Inventor	Eli Bar
<b>COMPLETE IF KNOWN</b>	
Application Number	To Be Assigned
Filing Date	April 11, 2006, herewith
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Amplification-Based Cardiac Assist Device

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 10/15/2004 as United States Application Number or PCT International

Application Number PCT/IL2004/000950 and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  The address associated with Customer Number: 054042 OR  Correspondence address below

Name William H. Dippert  
Wolf, Block, Schorr and Solis-Cohen LLP  
10th Floor  
250 Park Avenue  
Address

City	State	ZIP
New York	New York	10177-0030

Country	Telephone	Facsimile:
US	212.986.1116	212.986.0604
		E-Mail: wdippert@wolfblock.com

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) Eli	Family Name or Surname Bar
---	-------------------------------

Inventor's Signature	Date
----------------------	------

Residence: City Moshav Megadim	State	Country IL	Citizenship IL
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Mailing Address  
P.O. Box 273

City Moshav Megadim	State	Zip 30875	Country IL
------------------------	-------	--------------	---------------

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) Benny	Family Name or Surname Rousso
---	----------------------------------

Inventor's Signature	Date
----------------------	------

Residence: City Rishon LeZion	State	Country IL	Citizenship IL
----------------------------------	-------	---------------	-------------------

Mailing Address  
12 Henri Bergson Street

City Rishon LeZion	State	Zip 75801	Country IL
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Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ran		Kornowski	
Inventor's Signature		Date	
Ramat Hasharon Residence: City	State	IL Country	Citizenship IL
2 Nachal Kidron Street			
Mailing Address			
Ramat Hasharon City	State	Zip 47314	Country IL
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	To Be Assigned
Filing Date	April 11, 2006
First Named Inventor	Eli Bar
Title	Amplification-Based Cardiac Assist Device
Art Unit	
Examiner Name	
Attorney Docket Number	TYLERTON-228698

I hereby appoint:

 Practitioners associated with the Customer Number:

054042

OR

 Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

054042

OR

<input type="checkbox"/>	Firm or Individual Name
	Wolf, Block, Shorr and Solis-Cohen LLP
<input type="checkbox"/>	Address
	250 Park Avenue
<input type="checkbox"/>	Address
	10th Floor
<input type="checkbox"/>	City
	New York
<input type="checkbox"/>	State
	New York
<input type="checkbox"/>	Zip
	10177
<input type="checkbox"/>	Country
	US
<input type="checkbox"/>	Telephone
	212.883.4993
	Fax
	212.672.1192

I am the:



Applicant/Inventor.

e-Mail: wdippert@wolfblock.com

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Eli Bar		
Signature			
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/>	*Total of _____ forms are submitted.
--------------------------	--------------------------------------

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>Filing Date</b>	April 11, 2006
<b>First Named Inventor</b>	Eli Bar
<b>Title</b>	Amplification-Based Cardiac Assist Device
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	TYLERTON-228698

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OR

 The address associated with Customer Number:

054042

OR

<input type="checkbox"/>	Firm or Individual Name	Wolf, Block, Shorr and Solis-Cohen LLP			
<input type="checkbox"/>	Address	250 Park Avenue			
<input type="checkbox"/>	Address	10th Floor			
<input type="checkbox"/>	City	New York	State	New York	Zip
<input type="checkbox"/>	Country	US			
<input type="checkbox"/>	Telephone	212.883.4993	Fax	212.672.1192	

I am the:

Applicant/Inventor.

e-Mail: wdippert@wolfblock.com

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Benny Rousso		
Signature			
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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<b>First Named Inventor</b>	Eli Bar
<b>Title</b>	Amplification-Based Cardiac Assist Device
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	TYLERTON-228698

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OR

The address associated with Customer Number:

054042

OR

 Firm or Individual Name

Wolf, Block, Shorr and Solis-Cohen LLP

 Address

250 Park Avenue

 Address

10th Floor

 City

New York

State

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Zip

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 Country

US

 Telephone

212.883.4993

Fax

212.672.1192

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Applicant/Inventor.

e-Mail: wdippert@wolfblock.com

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Ran Kornowski

Signature

Date

Telephone

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